



AMENDMENT TRANSMITTAL LETTER			CLIENT-MATTER NO.: 66667-011 (P-ZA 3519)	
SERIAL NO: 09/300,959	FILING DATE: April 27, 1999	EXAMINER: A. Wehbe	GROUP ART UNIT: 1632 CONFIRMATION NO.: 5037	
INVENTION: SOMATIC TRANSGENE IMMUNIZATION AND RELATED METHODS				

TO: MAIL STOP AF  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 29, 2003.

By: Deborah L. Cadena  
Deborah L. Cadena, Reg. No. 44,048

July 29, 2003  
Date of Signature

RECEIVED  
AUG 04 2003  
TECHNICAL CENTER 1600/2300

Transmitted herewith is a Response to the Office Action mailed January 30, 2003, in the above-identified application.

- ☒ Small Entity status of this application has been established under 37 CFR 1.27.
- ☒ Petition for Three-Month Extension of Time is enclosed (in duplicate).
- ☒ Exhibit 1 is an executed Declaration Pursuant to 37 C.F.R. §1.132 with Exhibit A attached.
- ☒ Exhibit 2.
- ☒ Notice of Appeal (in duplicate).
- ☒ No additional claims fee is required.
- ☐ An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	31	-	36	-	0	x	\$9	\$18	=	\$0.00	\$
INDEPENDENT CLAIMS	8	-	9	-	0	x	\$42	\$84	=	\$0.00	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO		\$140	\$280	=	\$0.00	\$
							TOTAL ADDITIONAL FEE			\$0.00	\$

\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

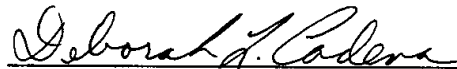
\*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

\*\*\* If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

Inventor: Maurizio Zanetti  
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- X Please charge my Deposit Account No. 502624 the amount of \$625.00, \$465.00 of which covers the fee for a three-month extension of time and \$160.00 which covers the notice of appeal fee. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,



Deborah L. Cadena  
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